

**Please e-mail the complete form to wildhorse@blm.gov or fax to 202-912-7182.
Attachment to Bill of Sale - Form 4710-23 (May 2005)**

Name:	
Address:	
City State Zip:	Phone:
1. Are you affiliated with any group or organization? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Group's Name:	
Address:	
City, State, Zip:	Home Phone:
Alternative Phone:	E-mail address:
2. How many animals are you interested in? (1 to 35) (35 & more)	
3. Preferred Sex: Mares _____ Geldings _____ Stallions _____	
4. Preferred Age: 11 to 16 _____ 17 to 21 _____ 22 and older _____	
5. How many acres do you have available for the animals?	
6. What kind of facility? Corrals <input type="checkbox"/> Pasture <input type="checkbox"/> (Include detailed description)	
7. If pasture, describe your fencing:	
8. Do you have wild horse or livestock experience: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, include detailed description)	

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9. How much feed do you have available? (Include detailed description)	Hay <input type="checkbox"/>	Grass <input type="checkbox"/>		
10. Do you understand the behavior of older wild horses? (Include detailed description)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
11. What is your source of water? (Include detailed description)	Tank <input type="checkbox"/>	Lake <input type="checkbox"/>	Stream <input type="checkbox"/>	Pond <input type="checkbox"/>
12. Will you have someone else responsible for the care of the animals? (If yes, include name, address, phone numbers, and e-mail address)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
13. Are you the owner of the property where the animals will be kept? (If not, please give all information about the property owner)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
14. Do you understand the financial commitment for these animals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

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15. Do you have a regular Veterinarian available to provide care for your wild horses and/or wild burros? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, include name, address, phone numbers, and e-mail address)	
16. When would you be ready to receive shipment of the animal(s)? Date:	
17. What is the intended use of the animals? Do you intend to resell these animals: Yes <input type="checkbox"/> No <input type="checkbox"/> (Include a detailed description)	
18. Have you ever been convicted of abuse or inhumane treatment of animals? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, include detailed description)	
19. Will you be able to provide Transportation for the animals? Yes <input type="checkbox"/> No <input type="checkbox"/> Semi <input type="checkbox"/> Gooseneck <input type="checkbox"/> Other <input type="checkbox"/> Note: No double decks (pots) are acceptable	
20. Have you ever adopted a horse or burro from the Bureau of Land Management? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. If non-profit, what is your status? 501(c)3 <input type="checkbox"/> Other <input type="checkbox"/>	
22. I agree to provide humane care and to not sell or transfer ownership of any listed wild horse or wild burro to any person or organization with the interest to resell or trade or give away animals for processing into commercial products.	
Purchaser's Signature:	Date:
Purchaser's Printed Name:	